

GAS TURBINE

FORM 400 - E - 12

Form 400-A must accompany all submittals.

For:	Change of location, equipment w/expired permit, or change of operator:	ALL other application types: Submit all other information requested and:
Title V Facilities	Complete Sections I, IV, & V	Complete Sections I, II, III, IV, & V
All Other Facilities	Complete Sections I & IV	Complete Sections I, II, III, & IV

Section I - Facility/Application Information

1. Business Name: LA JOLLA ENERGY DEVELOPMENT, INC. Facility ID: NEW

2. The requested application is for a(n): Date of Occurrence: 6/01/2001

a. ☒ New Construction b. ☐ Change of Location

c. ☐ Modification of Equipment/Process d. ☐ Existing Equipment with Expired Permit

e. ☐ Existing Equipment Operating without a Permit; Initial Operation Date: _____ / _____ / _____

f. ☐ Change of Condition(s); Specify the change of condition(s) requested: _____

g. ☐ Change of Operator; List previous name of operator and Facility ID #: _____

3. If equipment has previous written permit, list Permit Number or Device Number(s): _____

a. Write Rule 301 description of this equipment/process: _____

4. Are multiple applications being submitted for similar equipment (as defined in Rule 301) described below?

☐ No ☒ Yes; If Yes, Number of Multiple Units: Two (2)

5. Have you been issued a Notice to Comply (NTC) or Notice of Violation (NOV) for this equipment?

☒ No ☐ Yes; NTC #: _____ NOV #: _____ Issue Date: _____ / _____ / _____

6. For New Construction, Modification, or Change of Location:

Estimated Construction Start Date: 06/01/01 Estimated Completion Date: 09/30/01

7. For this project, has a California Environmental Quality Act (CEQA) document been required by another governmental agency? ☐ No ☒ Yes, for agency (Provide name): California Energy Commission

a. Are you required by another governmental agency to have a permit? ☐ No ☒ Yes, for agency
(Provide name) California Energy Commission

b. Are any of these permits discretionary? ☒ No ☐ Yes; list: _____

8. Do you claim confidentiality of data? ☒ No ☐ Yes (attach explanation)

9. Is the equipment located within 1,000 feet from the outer boundary of a school? ☒ No ☐ Yes
(If Yes, complete a. for all public or private school, grade K-12, within a 1/4 mile radius of facility property)

a. School Name(s): _____ Telephone No(s): _____
School Address(s): _____ School Address(s): _____

Section II - Equipment Information

1. Turbine Manufacturer: General Electric Model No.: LM-2500 Serial No.: N/A

2. Turbine Size (based on Higher Heating Value):
Manufacturer Maximum Input Rating: 240.8 MM BTU per hour , _____ KW
Manufacturer Maximum Output Rating: _____ MM BTU per hour , 29,200 KW

3. Turbine Function:

a. ☐ Driving Pump/Compressor d. ☐ Exhaust Heat Recovery
b. ☒ Electrical Generation e. ☐ Steam Generation
c. ☐ Emergency Peaking Unit f. ☐ Other (specify): _____

4. Cycle Type:

a. ☒ Simple Cycle c. ☐ Regenerative Cycle
b. ☐ Combined Cycle d. ☐ Other (specify): _____

5. Fuel Information (check all that apply):

a. ☒ Natural Gas e. ☐ Digester Gas*
b. ☐ Diesel Oil f. ☐ Landfill Gas*
c. ☐ Propane g. ☐ Other* (specify): _____
d. ☐ Gasoline

AQMD USE ONLY		APPLICATION/TRACKING # _____		PROJECT #		TYPE B C D		EQUIPMENT CATEGORY CODE: _____ / _____		FEE SCHEDULE: \$		VALIDATION	
ENG. A R		ENG. A R		CLASS		ASSIGNMENT			ENF.		CHECK/MONEY ORDER		
DATE		DATE		I III IV		UNIT			SECT.		AMOUNT		
						ENGINEER					#		
											\$		

* If Digester Gas, Landfill Gas, and/or Other are checked, attach fuel analysis indicating all constituents and HHV.

TURN OVER AND COMPLETE

AQMD USE ONLY	APPLICATION/TRACKING # _____	PROJECT # _____	TYPE B C D	EQUIPMENT CATEGORY CODE: _____ / _____	FEE SCHEDULE: \$	VALIDATION
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UNIT ENGINEER	ENF. SECT.	CHECK/MONEY ORDER #	AMOUNT \$

Section III - Operation Information

1. Maximum Rated Full Load Fuel Consumption Rate: _____ gal/hr or 289,400 cu.ft/hr
2. Average Load: 100 %
3. Is Turbine equipped with exhaust heat recovery steam generator (HRSG)? ☒ Yes ☐ No
If Yes, supply the size, flow rate, steam output capacity, and temperature profile.
4. Is Turbine equipped with duct burners? ☐ Yes ☒ No
If Yes, provide burner description, fuel usage, combustion air input, and location of burner(s). Show all heat transfer surface locations with the HRSG and temperature profile.
5. Is duct burner used as air pollution control equipment? ☐ Yes ☒ No
If Yes and duct burner is permitted, list Permit Number(s) or Device Number(s) of control equipment: _____
If Yes and duct burner is not permitted, a separate permit is required. Please see Form 400-E-GI for instructions.
6. a. Is Turbine equipped with air pollution control equipment? ☒ Yes ☐ No
b. If Yes, please explain and list Permit Number(s) or Device Number(s) of control equipment:
Oxidation Catalyst
c. Steam/Water Injection? ☐ Yes ☒ No
Injection Rate: _____ lbs water/lbs fuel or mole water/mole fuel (circle units)
d. Ammonia (NH₃) Injection? ☐ Yes ☒ No
Injection Rate: _____ lbs NH₃/lbs fuel or mole NH₃/mole fuel (circle units)
e. Combustion Type? ☐ Tubular ☒ Can-Annular ☐ Annular
f. Selective Catalytic Reduction (SCR)? ☒ Yes ☐ No
Reactor Temperature: 850 °F to 1100 °F
If Yes and SCR is not permitted, a separate permit is required. Please see Form 400-E-GI for instructions.

Section IV - Emission Information

1. Emissions Data: Also see the attached calculation sheet

POLLUTANTS	EMISSIONS BEFORE CONTROL ¹		EMISSIONS AFTER CONTROL	
	PPM ²	LB/HR	PPM ²	LB/HR
ROG	<u>4</u>	<u>1.15</u>	<u>1.4</u>	<u>0.40</u>
NOX	<u>25</u>	<u>20.73</u>	<u>5</u>	<u>4.15</u>
CO	<u>40</u>	<u>20.19</u>	<u>4</u>	<u>2.02</u>
PM		<u>1.54</u>		<u>1.54</u>
SOX		<u>0.14</u>		<u>0.14</u>

¹ BASED ON TEMPERATURE, FUEL CONSUMPTION, AND MW OUTPUT

² DRY AND CORRECTED TO 15% OXYGEN

☐ MANUFACTURER DATA ATTACHED

☐ EPA EMISSION FACTORS

☒ AQMD EMISSION FACTORS

☐ SOURCE TEST DATA (ATTACH SOURCE TEST RESULTS)

2. STACK OR VENT DATA:

A. STACK HEIGHT: 70 FEET 0 INCHES C.

EXHAUST FLOW RATE: 762,526 CFM

B. EXHAUST TEMPERATURE: 367 °F

D. EXHAUST PRESSURE: N/A INCHES WATER COLUMN

3. Operating Schedule: weeks/year 52 days/week 7
Max. Hrs. 24 Average Hrs. 24

Section V - Applicant Certification Statement

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: _____ TITLE OF RESPONSIBLE OFFICIAL OF FIRM: _____

PRESIDENT

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

STEVE WILBURN

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

DATE SIGNED:

/ /

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
SIGNATURE OF PREPARER: _____ TITLE OF PREPARER: _____

MANAGER OF GOVERNMENTAL AFFAIRS

TYPE OR PRINT NAME OF PREPARER:

STEVE RUSCH

PREPARER'S TELEPHONE NUMBER

(323) 298-2223

DATE SIGNED:

/ /

Section V- Title V Information: Fill out if AQMD has identified your facility as a Title V facility

The requested application involves a(n): (check all that apply)

a. ☐ Minor Permit Revision

e. ☐ Permit Shield (complete Form 500-D)

☐ Group Processing (check only if applicable)

f. ☐ Streamlined Permit Conditions

b. ☐ DeMinimis Significant Permit Revision

g. ☐ Alternative Operating Scenario (AOS)

c. ☐ Significant Permit Revision

h. ☐ Other (specify): _____

d. ☐ Non-Title V Permit Processing (Available until initial Title V permit is issued)